

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
PROGRESS BILLING/COMPLETION NOTICE
TR-0129 (REV. 09/2003)

PERMIT NUMBER ☐ RIDER

DIST/CO/RTE/PM

WORK ORDER / REFERENCE NUMBER

RELATED PERMITS

PERMITTEE NAME

DESCRIPTION OF WORK

INSPECTOR'S COMMENTS

ACTUAL INSPECTION HOURS BY	PERMIT INSPECTOR	CONSTRUCTION R.E.	OTHER CALTRANS UNITS
<input type="checkbox"/> To the best of my knowledge, field work was completed on (date) _____ in compliance with the permit.			
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Required final project completion records for structures as noted in Permit Special Provisions were submitted (except As-Built plans); date: _____			
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Required final project completion records for roadway as noted in Permit Special Provisions were submitted (except As-Built plans); date: _____			
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Structure As-Built plans received; date: _____ <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Roadway As-Built plans rec'd; date: _____			
<input type="checkbox"/> Work is not complete <input type="checkbox"/> Progress Bill <input type="checkbox"/> Quarter No.: _____ <input type="checkbox"/> Completion Notice <input type="checkbox"/> Permit Cancelled			
INSPECTOR'S SIGNATURE			DATE

FOR PERMIT OFFICE USE

☐ FINAL BILL ☐ RELEASE CASH DEPOSIT ☐ PERFORMANCE BOND ATTACHED
☐ PROGRESS BILL ☐ OTHER _____

**ACTUAL HOURS
(NOT FOR BILLING)**

Review Hours _____

Inspection Hours _____

Field Work Hours _____

COMMENTS:

BILLING / REFUND INFORMATION

FEE TYPE ☐ SF ☐ AX

Review _____ Hours @ \$ _____ = \$ _____

Inspection _____ Hours @ \$ _____ = \$ _____

Field Work _____ Hours @ \$ _____ = \$ _____

Equipment / Materials = \$ _____

TOTAL FEES = \$ _____

FEE DEPOSIT PAID ON (Date) _____ \$ _____

☐ Cash ☐ Credit Card ☐ Check (Check No.) _____

FEE DEPOSIT PAID ON (Date) _____ \$ _____

☐ Cash ☐ Credit Card ☐ Check (Check No.) _____

TOTAL DEPOSITS = \$ _____

☐ Final Bill ☐ **BALANCE DUE** = \$ _____

☐ Progress Bill ☐ **REFUND** = \$ _____

REFUND OF CASH DEPOSIT IN LIEU OF BOND \$ _____

CASH DEPOSIT PAID ON (Date) _____

☐ Cash ☐ Credit Card ☐ Check (Check No.) _____

COPIES TO:

☐ Accounts Receivable (Billing / Refund)

☐ Local Agency (Agreement Work)

☐ Maintenance

BILLING / REFUND ADDRESS OF PERMITTEE

PERMIT ENGINEER

PHONE NUMBER

DATE